

MassHealth

Billing Guide for the UB-04 Paper Claim Form



BG-UB-04-CL (DRAFT 06/08)

Executive Office of Health and Human Services
MassHealth
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Introduction

This document provides detailed instructions for completing the paper UB-04 claim form for MassHealth claims. Additional instructions on other billing matters, including member eligibility, prior authorization, claims status and payment, claim correction, and billing for members with other health insurance are located in Subchapter 5 of your MassHealth provider manual.

For information about the resulting remittance advice, see the MassHealth *Guide to the Remittance Advice for Paper Claims and Electronic Equivalents*.

General Instructions for Submitting Paper Claims

UB-04 Claim Form

The following providers must use the UB-04 claim form when submitting paper claims to MassHealth:

- acute inpatient hospitals
- acute outpatient hospitals, including hospital-licensed health centers and other hospital satellite clinics
- chronic disease and rehabilitation inpatient hospitals
- chronic disease and rehabilitation outpatient hospitals
- community health centers (home health services only)
- home health agencies
- hospice providers
- intensive residential treatment programs
- intermediate care facilities for the mentally retarded
- nursing facilities
- psychiatric inpatient hospitals
- psychiatric outpatient hospitals
- substance abuse inpatient hospitals (formerly called “semi-acute inpatient hospitals”)
- substance abuse outpatient hospitals (formerly called “semi-acute outpatient hospitals”)

General Instructions for Submitting Paper Claims (cont.)

Additional Details

Up to 22 revenue codes and associated charges may be entered on each UB-04 claim form. For inpatient claims that exceed 22 lines, submit an electronic claim. For outpatient claims, bundle services to submit the claim on a single form.

Entering Information on the UB-04 Claim Form

- Complete a separate claim form for each member to whom services were provided.
- Type or print all applicable information (as stated in the instructions) on the claim form, using black ink only. Be sure all entries are complete, accurate, and legible.
- For each claim line, enter all required information as applicable, repeating if necessary. Do not use ditto marks or words such as “same as above.”
- Attach any necessary reports or required forms to the claim form.
- When a required entry is a date, enter the date in MMDDYY or MMDDYYYY format.

Time Limitations on the Submission of Claims

Claims must be received by MassHealth within 90 days from the date of service or the date of the explanation of benefits from another insurer. For additional information about the deadlines for submitting claims and exceptions, see MassHealth billing regulations (beginning at 130 CMR 450.309).

Claims for Members with Other Health Insurance Coverage

Special instructions for submitting claims for services furnished to members with Medicare or health-insurance coverage are contained in Subchapter 5 of your MassHealth provider manual.

Electronic Claims

To submit electronic claims, refer to Subchapter 5, Part 3 of your provider manual or contact MassHealth Customer Service. Refer to [Appendix A](#) of your provider manual for contact information.

Where to Send Paper Claim Forms

[Appendix A](#) of your MassHealth provider manual describes where to submit paper claims. Keep a copy of the submitted claim for your records. Please note that MassHealth does not accept mail with postage due.

Additional References

For additional information about MassHealth, see the administrative and billing regulations at [130 CMR 450.000](#) (for all providers), any relevant program regulations, and the Request for Application (RFA) for the relevant rate year (for in-state acute and chronic hospitals only).



General Instructions for Submitting Paper Claims (cont.)

Further Assistance

If, after reviewing the following item-by-item instructions, you need additional assistance to complete the UB-04 claim form, you can contact MassHealth Customer Service. Refer to [Appendix A](#) for all MassHealth Customer Service contact information.



How to Complete the UB-04 Claim Form

A sample of the front of the UB-04 claim form is shown below. A sample of the back of the form is on the next page. Following this sample are instructions for completing each field on the UB-04 claim form. Refer to the *NUBC Instruction Manual* available at www.nubc.org. Many types of providers use the UB-04 claim form to bill MassHealth for services. In some cases, special instructions have been provided for specific services or situations. Complete each field as instructed generally and follow specific instructions for your provider type or situation, as applicable.

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How to Complete the UB-04 Claim Form (cont.)

UB-04 NOTICE: THE SUBMITTER OF THIS FORM UNDERSTANDS THAT MISREPRESENTATION OR FALSIFICATION OF ESSENTIAL INFORMATION AS REQUESTED BY THIS FORM, MAY SERVE AS THE BASIS FOR CIVIL MONETARY PENALTIES AND ASSESSMENTS AND MAY UPON CONVICTION INCLUDE FINES AND/OR IMPRISONMENT UNDER FEDERAL AND/OR STATE LAW(S).

Submission of this claim constitutes certification that the billing information as shown on the face hereof is true, accurate and complete. That the submitter did not knowingly or recklessly disregard or misrepresent or conceal material facts. The following certifications or verifications apply where pertinent to this Bill:

1. If third party benefits are indicated, the appropriate assignments by the insured /beneficiary and signature of the patient or parent or a legal guardian covering authorization to release information are on file. Determinations as to the release of medical and financial information should be guided by the patient or the patient's legal representative.
2. If patient occupied a private room or required private nursing for medical necessity, any required certifications are on file.
3. Physician's certifications and re-certifications, if required by contract or Federal regulations, are on file.
4. For Religious Non-Medical facilities, verifications and if necessary re-certifications of the patient's need for services are on file.
5. Signature of patient or his representative on certifications, authorization to release information, and payment request, as required by Federal Law and Regulations (42 USC 1935f, 42 CFR 424.36, 10 USC 1071 through 1086, 32 CFR 199) and any other applicable contract regulations, is on file.
6. The provider of care submitter acknowledges that the bill is in conformance with the Civil Rights Act of 1964 as amended. Records adequately describing services will be maintained and necessary information will be furnished to such governmental agencies as required by applicable law.
7. For Medicare Purposes: If the patient has indicated that other health insurance or a state medical assistance agency will pay part of his/her medical expenses and he/she wants information about his/her claim released to them upon request, necessary authorization is on file. The patient's signature on the provider's request to bill Medicare medical and non-medical information, including employment status, and whether the person has employer group health insurance which is responsible to pay for the services for which this Medicare claim is made.
8. For Medicaid purposes: The submitter understands that because payment and satisfaction of this claim will be from Federal and State funds, any false statements, documents, or concealment of a material fact are subject to prosecution under applicable Federal or State Laws.
9. For TRICARE Purposes:
 - (a) The information on the face of this claim is true, accurate and complete to the best of the submitter's knowledge and belief, and services were medically necessary and appropriate for the health of the patient;
 - (b) The patient has represented that by a reported residential address outside a military medical treatment facility catchment area he or she does not live within the catchment area of a U.S. military medical treatment facility, or if the patient resides within a catchment area of such a facility, a copy of Non-Availability Statement (DD Form 1251) is on file, or the physician has certified to a medical emergency in any instance where a copy of a Non-Availability Statement is not on file;
 - (c) The patient or the patient's parent or guardian has responded directly to the provider's request to identify all health insurance coverage, and that all such coverage is identified on the face of the claim except that coverage which is exclusively supplemental payments to TRICARE-determined benefits;
 - (d) The amount billed to TRICARE has been billed after all such coverage have been billed and paid excluding Medicaid, and the amount billed to TRICARE is that remaining claimed against TRICARE benefits;
 - (e) The beneficiary's cost share has not been waived by consent or failure to exercise generally accepted billing and collection efforts; and,
 - (f) Any hospital-based physician under contract, the cost of whose services are allocated in the charges included in this bill, is not an employee or member of the Uniformed Services. For purposes of this certification, an employee of the Uniformed Services is an employee, appointed in civil service (refer to 5 USC 2105) including part-time or intermittent employees, but excluding contract surgeons or other personal service contracts. Similarly, member of the Uniformed Services does not apply to reserve members of the Uniformed Services not on active duty.
 - (g) Based on 42 United States Code 1395cc(a)(1)(i) all providers participating in Medicare must also participate in TRICARE for inpatient hospital services provided pursuant to admissions to hospitals occurring on or after January 1, 1987; and
 - (h) If TRICARE benefits are to be paid in a participating status, the submitter of this claim agrees to submit this claim to the appropriate TRICARE claims processor. The provider of care submitter also agrees to accept the TRICARE determined reasonable charge as the total charge for the medical services or supplies listed on the claim form. The provider of care will accept the TRICARE-determined reasonable charge even if it is less than the billed amount, and also agrees to accept the amount paid by TRICARE combined with the cost-share amount and deductible amount, if any, paid by or on behalf of the patient as full payment for the listed medical services or supplies. The provider of care submitter will not attempt to collect from the patient (or his or her parent or guardian) amounts over the TRICARE determined reasonable charge. TRICARE will make any benefits payable directly to the provider of care, if the provider of care is a participating provider.

SEE <http://www.nubc.org/> FOR MORE INFORMATION ON UB-04 DATA ELEMENT AND PRINTING SPECIFICATIONS

How to Complete the UB-04 Claim Form (cont.)

Field No.	Field Name	Description
1	(Unnamed)	Enter the provider's name, address, city, state, zip code and telephone number.
2	(Unnamed)	Not required
3a	Pat Cntl #	Enter the patient control number, if one is assigned. If one is not assigned, enter the member's last name.
3b	Med. Rec. #	Enter the medical record number.
4	Type of Bill	Enter the four-digit code to indicate the type of bill. The fourth digit defines the frequency of the bill for the institutional claim. Refer to the <i>NUBC Instruction Manual</i> for type of bill codes.
5	Fed. Tax No.	Enter billing provider's federal tax ID number.
6	Statement Covers Period From/Through	<p><i>Acute, Chronic Disease and Rehabilitation, and Psychiatric Inpatient Hospitals, Home Health Agencies, and Community Health Centers (for Home Health Services Only):</i></p> <p>Enter the beginning and ending service dates of the period included on this bill in MMDDYY format.</p> <p><i>Acute, Chronic Disease and Rehabilitation, and Psychiatric Outpatient Hospitals:</i></p> <p>In both the "From" and "Through" fields, enter the date on which services were provided. Use a separate claim form for each date of service.</p> <p><i>Nursing Facilities and Hospice Providers:</i></p> <p>Enter the beginning and ending service dates of the period included on this bill in MMDDYY format. Do not bill for more than one calendar month on a claim.</p>
7	(Unnamed)	Not used
8a	Patient Name	Not required
8b	Patient Name	Enter the name of the MassHealth member receiving services in the following order: last name, first name, middle initial.
9a	Patient Address	Enter the street address of the MassHealth member receiving services.
9b	Patient Address	Enter the city of the MassHealth member receiving services.

How to Complete the UB-04 Claim Form (cont.)

Field No.	Field Name	Description
9c	Patient Address	Enter the state of the MassHealth member receiving services.
9d	Patient Address	Enter the zip code of the MassHealth member receiving services.
9e	Patient Address	Not required
10	Birthdate	Enter the member's date of birth in MMDDYYYY format.
11	Sex	Enter an "M" or "F" to indicate the member's gender.
12	Admission Date	<p><i>Acute, Chronic Disease and Rehabilitation, and Psychiatric Inpatient Hospitals:</i></p> <p>Enter the date of admission.</p> <p><i>Home Health Agencies and Community Health Centers (for Home Health Services Only):</i></p> <p>Enter the date on which the episode of care began.</p> <p><i>Nursing Facilities:</i></p> <p>Enter the date of the member's initial admission or the date of the most recent readmission following a three-day hospital stay, to the facility.</p> <p><i>Acute, Chronic Disease and Rehabilitation, and Psychiatric Outpatient Hospitals:</i></p> <p>Not required</p>
13	Admission Hr	<p><i>Acute, Chronic Disease and Rehabilitation, and Psychiatric Inpatient and Outpatient Hospitals:</i></p> <p>Enter the code referring to the hour during which the patient was admitted for care. Refer to the <i>NUBC Instruction Manual</i> for code values.</p> <p><i>All Other Provider Types:</i></p> <p>Not required</p>

How to Complete the UB-04 Claim Form (cont.)

Field No.	Field Name	Description
14	Admission Type	<p><i>Acute, Chronic Disease and Rehabilitation, and Psychiatric Inpatient Hospitals:</i></p> <p>Enter the code indicating the priority of this admission or visit. Refer to the <i>NUBC Instruction Manual</i> for code values.</p> <p><i>All Other Provider Types:</i></p> <p>Not required</p>
15	Admission Source	<p><i>Acute, Chronic Disease and Rehabilitation, and Psychiatric Inpatient and Outpatient Hospitals, Home Health Agencies, Community Health Centers (for Home Health Services Only), and Nursing Facilities:</i></p> <p>Enter a code indicating the point of patient origin for this admission or visit. Refer to the <i>NUBC Instruction Manual</i> for code values.</p> <p><i>All Other Provider Types:</i></p> <p>Not required</p>
16	DHR	<p><i>Acute, Chronic Disease and Rehabilitation, and Psychiatric Inpatient Hospitals:</i></p> <p>Enter the code indicating the discharge hour of the patient from inpatient care. Refer to the <i>NUBC Instruction Manual</i> for code values.</p> <p><i>All Other Provider Types:</i></p> <p>Not required</p>
17	Stat	<p><i>Acute, Chronic Disease and Rehabilitation, and Psychiatric Inpatient Hospitals, Nursing Facilities, Home Health Agencies, Community Health Centers (for Home Health Services Only), and Hospice Providers:</i></p> <p>Enter the code indicating the disposition or discharge status of the patient at the end service for the period covered on this bill, as reported in Field 6, Statement Covers Period. Refer to the <i>NUBC Instruction Manual</i> for code values.</p> <p><i>All Other Provider Types:</i></p> <p>Not required</p>

How to Complete the UB-04 Claim Form (cont.)

Field No.	Field Name	Description
18-28	Condition Codes	<p>Enter the code(s) used to identify conditions or events relating to this bill that may affect processing. Refer to the <i>NUBC Instruction Manual</i> for code values.</p> <p>If a member has other insurance, refer to Subchapter 5 of your MassHealth provider manual for additional instructions about billing for services to members with other health insurance.</p>
29	ACDT State	If applicable, enter the two-digit state abbreviation used by the United States Post Office for the state where the accident occurred.
30	(Unnamed)	Not required
31-34	Occurrence Code/Date	<p><i>Acute, Chronic Disease and Rehabilitation, and Psychiatric Inpatient and Outpatient Hospitals:</i></p> <p>Enter the code from the list of occurrence codes on page 18 of this guide, and the associated date in MMDDYY format, defining a significant event related to this bill that may affect payer processing.</p> <p><i>Home Health Agencies, Community Health Centers (for Home Health Services Only), and Hospice Providers:</i></p> <p>Enter the occurrence code from the list of occurrence codes on page 18 of this guide, and the associated date in MMDDYY format, if the member has been discharged from an inpatient hospital stay within the last 30 days.</p> <p><i>Nursing Facilities:</i></p> <p>Not required</p>
35-36	Occurrence Span From/Through	<p><i>Nursing Facilities:</i></p> <p>If applicable, enter the occurrence span code from the list on page 18 of this guide, for any medical-leave-of-absence days or nonmedical-leave-of-absence days along with the associated dates of leave.</p> <p><i>All Other Provider Types:</i></p> <p>Not required</p>
37	(Unnamed)	Not used
38	(Unnamed)	Not required

How to Complete the UB-04 Claim Form (cont.)

Field No.	Field Name	Description
39-41	Value Codes Code/Amount	<p><i>All Provider Types:</i></p> <p>Enter the value codes and the corresponding payment amounts or rates.</p> <p>You must enter Value Code 24 (Medicaid rate code) with the assigned MassHealth value code amount. An incorrect value code amount will result in incorrect payments or a denied claim.</p> <p><i>Acute, Chronic Disease and Rehabilitation, and Psychiatric Inpatient Hospitals and Nursing Facilities:</i></p> <p>Enter Value Code 80 for covered days and the number of covered days.</p> <p><i>Chronic Disease and Rehabilitation, and Psychiatric Inpatient and Outpatient Hospitals and Nursing Facilities:</i></p> <p>Enter the appropriate value code from the list on page 18 and the number of covered days. If a member has a patient-paid amount, on a separate line, enter Value Code FC and the patient-paid amount.</p>
42 (Lines 1-22)	Rev Cd	<p><i>All Provider Types:</i></p> <p>Enter the revenue codes from the list beginning on page 19 that identify a specific accommodation, ancillary service, or unique billing calculations or arrangements.</p> <p><i>Acute Inpatient and Psychiatric Inpatient Hospitals:</i></p> <p>If the member occupied more than one type of bed accommodation on the same day, enter for that day only the revenue code for the last bed accommodation to which the member was transferred.</p> <p><i>Acute, Chronic Disease and Rehabilitation, and Psychiatric Inpatient Hospitals:</i></p> <p>Do not include revenue codes for room-and-board charges incurred on the day of discharge, unless the member was admitted and discharged on the same day.</p>

How to Complete the UB-04 Claim Form (cont.)

Field No.	Field Name	Description
42 (Lines 1-22) (cont.)	Rev Cd (cont.)	<p><i>Nursing Facilities:</i></p> <p>If a member has medical-leave-of-absence (MLOA) days or nonmedical-leave-of-absence (NMLOA) days in the statement billed period, bill the revenue code and the number of room-and-board days (excluding MLOA and NMLOA days) on the first line with the number of room and board days in Field 46. Then enter the revenue code for the MLOA days or NMLOA days on a different line with the appropriate revenue code and number of days in Field 46. The total number of room-and-board days and MLOA or NMLOA days should equal the number of covered days.</p>
42 (Line 23)	Rev Cd	Enter Revenue Code "0001."
43 (Lines 1-22)	Description	Enter the standard abbreviated description of the related revenue code categories included on this bill.
43 (Line 23)	Page __ of __	MassHealth accepts only single-page UB-04 claims. This should always be Page 1 of 1.
44 (Lines 1-22)	HCPCS/ Rates/HIPPS Code	<p>Enter the HCPCS code and modifier, if required, applicable to ancillary service and outpatient bills.</p> <p><i>Acute Outpatient Hospitals:</i></p> <p>If the revenue code entered in Field 42 requires a HCPCS code, enter the five-digit HCPCS code. Refer to Appendix F of the <i>Acute Outpatient Hospital Manual</i> for the list of revenue codes that require HCPCS codes.</p> <p><i>Chronic Disease and Rehabilitation Outpatient Hospitals:</i></p> <p>Enter an applicable HCPCS code for each revenue code entered in Lines 1-22 in Field 42.</p> <p><i>Nursing Facilities and Acute, Chronic Disease and Rehabilitation, and Psychiatric Inpatient Hospitals:</i></p> <p>Not required</p> <p><i>Home Health Agencies, Community Health Centers (for Home Health Services Only), and Hospice Providers:</i></p> <p>Refer to Subchapter 6 of your MassHealth provider manual for the applicable HCPCS code.</p>

How to Complete the UB-04 Claim Form (cont.)

Field No.	Field Name	Description
45 (Lines 1-22)	Serv Date	<p><i>Community Health Centers (Home Health Services Only), Home Health Agencies, and Hospice Providers:</i></p> <p>Enter the date the service was provided in MMDDYY format.</p> <p><i>Acute, Chronic Disease and Rehabilitation, and Psychiatric Inpatient and Outpatient Hospitals and Nursing Facilities:</i></p> <p>Not required</p>
45 (Line 23)	Creation Date	Enter the date the claim form was submitted for reimbursement. This date cannot be earlier than the service dates billed on the claim form.
46 (Lines 1-22)	Serv Units	<p><i>All Provider Types:</i></p> <p>Enter the total number of covered accommodation days, ancillary units of service, or visits, where appropriate and defined by revenue code requirements.</p> <p><i>Acute, Chronic Disease and Rehabilitation and Psychiatric Inpatient Hospitals:</i></p> <p>The total number of units of service for all room-and-board charges must equal the number of covered days.</p> <p><i>Home Health Agencies:</i></p> <p>Refer to the service code descriptions in Subchapter 6 of the <i>Home Health Agency Manual</i> to determine how units are calculated for each service code.</p>
47 (Lines 1-22)	Total Charges	<p>For each claim line, enter the total charges that apply to the revenue codes entered in Lines 1-22 in Field 42.</p> <p>Do not deduct the member's copayment amount from the total charge of the claim.</p>
47 (Line 23)	Total Charges (Totals)	Enter the total of all entries in this column on the bottom line.
48 (Lines 1-22)	Non-Covered Charges	Not required
48 (Line 23)	Non-Covered Charges (Totals)	Not required
49 (Lines 1-23)	(Unnamed)	Not used

How to Complete the UB-04 Claim Form (cont.)

Field No.	Field Name	Description
50A-C	Payer Name	<p>If MassHealth is the primary payer, enter “MassHealth” in Field 50A.</p> <p>If MassHealth is the secondary payer, enter “MassHealth” in Field 50B.</p> <p>If MassHealth is the tertiary payer, enter “MassHealth” in Field 50C.</p>
51A-C	Health Plan ID	If applicable, enter the seven-digit MassHealth carrier code. Refer to Appendix C of your MassHealth provider manual for carrier code values.
52A-C	Rel Info	If applicable, enter the appropriate code for release of information. Refer to the <i>NUBC Instruction Manual</i> for code values.
53A-C	Asg. Ben.	If applicable, enter the appropriate code that indicates whether the provider has a signed form authorizing the third-party payer to remit payment directly to the provider. Refer to the <i>NUBC Instruction Manual</i> for code values.
54A-C	Prior Payments	<p>Not required unless the member has other health-insurance coverage. Do not enter previous MassHealth payments. Enter the total amount received toward the payment of services on this claim form from third-party payers other than MassHealth, and attach a copy of the explanation of benefits from the other payers to the claim form.</p> <p><i>Acute Inpatient Hospitals When Part A Is Exhausted or Partially Covered:</i></p> <p>Enter the sum of the Medicare payment, coinsurance, and deductible amount for the covered Medicare Part B ancillary and physician services. This amount will be deducted from the MassHealth payment. These claims must be submitted within 90 days of the date of the most recent Explanation of Medicare Benefits (EOMB).</p> <p><i>Chronic Disease and Rehabilitation Inpatient Hospitals:</i></p> <p>For hospitals subject to the per-diem reimbursement methodology, enter the total Medicare payment for the Medicare (Part B) ancillary covered services.</p>
55A-C	Est. Amount Due	Enter the amount estimated by the provider to be due from the indicated payer (estimated responsibility minus prior payments).
56	NPI	Enter the provider’s 10-digit national provider identifier (NPI).

How to Complete the UB-04 Claim Form (cont.)

Field No.	Field Name	Description
57A-C	Other Prv	Use this field to report other provider identifiers assigned by the health plan (as indicated in Field 50 Lines A-C). For the line corresponding to Medicaid, if you are an atypical provider and do not have an NPI, enter your 10-character MassHealth provider ID.
58A-C	Insured's Name	Enter the name of the individual under whose name the insurance benefit is carried.
59A-C	P. Rel	Enter the code indicating the relationship of the patient to the identified insured. Refer to the <i>NUBC Instruction Manual</i> for code values.
60A-C	Insured's Unique ID	<p><i>All Provider Types:</i></p> <p>Enter the unique number assigned by the health plan to the insured. For the line corresponding to Medicaid, enter the 12-character MassHealth member ID.</p> <p><i>Acute Inpatient Hospitals:</i></p> <p>Use separate claim forms for a mother and her newborn. Do not submit claims for services to the newborn on the mother's claim form. Do not use the mother's member ID number for the newborn; you must use the newborn's individual member ID number.</p> <p><i>Acute Inpatient and Acute Outpatient Hospitals:</i></p> <p>For organ-donor claims in which the donor is not a MassHealth member, enter the member ID number of the member receiving the organ, and enter a patient control number in Field 3a and the appropriate patient relationship code for organ donor in Field 59.</p>
61A-C	Group Name	Enter the group or plan name through which the insurance is provided to the insured.
62A-C	Group No.	Enter the identification number, control number, or code assigned by the carrier or administrator to identify the group under which the individual is covered.
63A-B	Treatment Authorization Codes	Enter all of the following treatment authorization codes issued by MassHealth for the claim, as applicable: prior-authorization (PA) number, preadmission screening (PAS) number, and referral number.
63C	Treatment Authorization Codes	If applicable, enter the PA from the other payer.

How to Complete the UB-04 Claim Form (cont.)

Field No.	Field Name	Description
64A	Document Control No. (Line A only)	For adjustments and resubmittals, enter the 13-digit internal control number (ICN) assigned to the claim. This ICN appears on the remittance advice on which the claim was adjudicated. Refer to Subchapter 5 of your MassHealth provider manual for additional information about correcting claims.
64B-C	Document Control No.	Not required
65	Employer Name	If applicable, enter the name of the employer that provides health-care coverage for the insured individual identified in Field 58.
66	DX	Enter the qualifier that denotes the version of International Classification of Diseases (ICD) reported.
67	(Unnamed)	Enter the ICD-9-CM codes describing the principal diagnosis and the present-on-admission (POA) indicator, if applicable. Refer to the <i>NUBC Instruction Manual</i> for code values.
67(A-Q)	(Unnamed)	Enter the ICD-9-CM diagnosis codes corresponding to all conditions that coexist at the time of admission, that develop subsequently, or that affect the treatment received or the length of stay. Also, enter the POA indicator if applicable. Refer to the <i>NUBC Instruction Manual</i> for code values.
68	(Unnamed)	Not used
69	Admit DX	<p><i>Acute, Chronic Disease and Rehabilitation, and Psychiatric Inpatient Hospitals:</i></p> <p>Enter the ICD-9-CM diagnosis code describing the patient's diagnosis at the time of admission. Refer to the <i>NUBC Instruction Manual</i> for specific requirements.</p> <p><i>All Other Provider Types:</i></p> <p>Not required</p>
70(a-c)	Patient Reason DX	Not required
71	PPS Code	Enter the prospective payment system (PPS) code assigned to the claim to identify the discharge diagnosis-related group (DRG) code.
72(a-c)	ECI	Not required
73	(Unnamed)	Not used

How to Complete the UB-04 Claim Form (cont.)

Field No.	Field Name	Description
74	Principal Procedure Code/Date	<p><i>Acute, Chronic Disease and Rehabilitation, and Psychiatric Inpatient Hospitals:</i></p> <p>If applicable, enter the ICD code that identifies the inpatient principal procedure performed at the claim level during the period covered by this bill and the corresponding date in MMDDYY format.</p> <p><i>All Other Provider Types:</i></p> <p>Not required</p>
74 (a-e)	Other Procedure Codes/Dates	<p><i>Acute, Chronic Disease and Rehabilitation, and Psychiatric Inpatient Hospitals:</i></p> <p>If applicable enter the ICD codes identifying all significant procedures, other than the principal procedure, and the dates in MMDDYY format on which the procedures were performed.</p> <p><i>All Other Provider Types:</i></p> <p>Not required</p>
75	(Unnamed)	Not used
76	Attending NPI Last First	Enter the name and NPI of the physician who is primarily responsible for the care of the patient reported in this claim.
77	Operating NPI Last First	<p><i>Acute, Chronic Disease and Rehabilitation Inpatient and Outpatient Hospitals:</i></p> <p>If applicable, enter the name and NPI of the individual with the primary responsibility for performing the surgical procedure(s).</p> <p><i>All Other Provider Types:</i></p> <p>Not required</p>
78-79	Other NPI Last First	If applicable, enter the name and NPI of the individual corresponding to that value. Refer to the <i>NUBC Instruction Manual</i> for qualifier values.

How to Complete the UB-04 Claim Form (cont.)

Field No.	Field Name	Description
80	Remarks	<p><i>Hospice Providers:</i></p> <p>When billing for out-of-county home hospice care, enter the county in which the hospice service was furnished.</p> <p><i>All Other Provider Types:</i></p> <p>Not required</p>
81a	CC	Enter Qualifier B3 – Health Care Provider Taxonomy Code. Enter the taxonomy code applicable for the NPI listed in Field 56 only if instructed to do so by MassHealth.
81b	CC	Enter Qualifier B3 – Health Care Provider Taxonomy Code. Enter the taxonomy code applicable for the NPI listed in Field 76, if applicable, and only if instructed to do so by MassHealth.
81c	CC	Enter Qualifier B3 – Health Care Provider Taxonomy Code. Enter the taxonomy code applicable for the NPI listed in Field 77, if applicable, and only if instructed to do so by MassHealth.
81d	CC	Not required



Code Sets for the UB-04 Claim Form

Refer to the *NUBC Instruction Manual* for complete code sets. When MassHealth accepts all codes within a code set, that code set is not included in this section.

Fields 35 and 36 – Occurrence Span Codes and Dates

Nursing Facilities:

MassHealth accepts up to four occurrences per claim form.

- 70 Qualifying stay dates for SNF use only
- 71 Prior stay dates – medical leave of absence (MLOA)
- 74 First/last visit dates – nonmedical leave of absence (NMLOA)

Fields 39 through 41 Value Codes/Amount

All Provider Types:

- 24 MassHealth rate – Enter the value code amount assigned by MassHealth.
- 80 Covered days – the number of days covered by the primary payer as qualified by the payer (not required for outpatient providers)

Chronic Disease and Rehabilitation Hospitals, Psychiatric Inpatient Hospitals, and Nursing Facilities:

- FC Patient-paid amount – the amount the provider has received from the patient toward the payment of this bill

* Requires the entry of the number of units in Field 46.

Code Sets for the UB-04 Claim Form (cont.)

Field 42 – Revenue Codes

For additional information on the description of the revenue codes, refer to the *NUBC Instruction Manual*.

Revenue Codes by Provider Type

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Revenue Codes for Acute Inpatient Hospitals

0001	Total Charge	*0127	Oncology
		*0128	Rehabilitation
011x	Room and Board – Private (One Bed)	*0129	Other
		013x	Room and Board – Three and Four Beds
*0110	General Classification	*0130	General Classification
*0111	Medical/Surgical/GYN	*0131	Medical/Surgical/GYN
*0112	Obstetrics (OB)	*0132	Obstetrics (OB)
*0113	Pediatric	*0133	Pediatric
*0114	Psychiatric	*0134	Psychiatric
*0115	Hospice	*0135	Hospice
*0116	Detoxification	*0136	Detoxification
*0117	Oncology	*0137	Oncology
*0118	Rehabilitation	*0138	Rehabilitation
*0119	Other	*0139	Other
012x	Room and Board – Semi-private (Two Beds)	015x	Room and Board – Ward
*0120	General Classification	*0150	General Classification
*0121	Medical/Surgical/GYN	*0151	Medical/Surgical/GYN
*0122	Obstetrics (OB)	*0152	Obstetrics (OB)
*0123	Pediatric	*0153	Pediatric
*0124	Psychiatric	*0154	Psychiatric
*0125	Hospice	*0155	Hospice
*0126	Detoxification		

* Requires the entry of the number of units in Field 46.

Code Sets for the UB-04 Claim Form (cont.)

*0156	Detoxification	0224	Late Discharge, Medically Necessary
*0158	Rehabilitation	0229	Other Special Charges
*0159	Other		
016x	Other Room and Board – Other	023x	Incremental Nursing Charge
*0160	General Classification	0230	General Classification
*0164	Sterile Environment	0231	Nursery
*0167	Self Care	0232	OB
*0169	Other	0233	ICU
		0234	CCU
017x	Nursery	0235	Hospice
		0239	Other
*0170	General Classification	025x	Pharmacy (also see 063x, an extension of 025x)
*0171	Newborn – Level I	0250	General Classification
*0172	Newborn – Level II	0251	Generic Drugs
*0173	Newborn – Level III	0252	Non-Generic Drugs
*0174	Newborn – Level IV	0253	Take-Home Drugs
*0179	Other Nursery	0254	Drugs Incident to Other Diagnostic Services
020x	Intensive Care	0255	Drugs Incident to Radiology
*0200	General Classification	0257	Non-Prescription
*0201	Surgical	0258	IV Solutions
*0202	Medical	0259	Other Pharmacy
*0203	Pediatric		
*0204	Psychiatric	026x	IV Therapy
*0206	Intermediate ICU	0260	General Classification
*0207	Burn Care	0261	Infusion Pump
*0208	Trauma	0262	IV Therapy/Pharmacy Svcs
*0209	Other Intensive Care	0263	IV Therapy/Drug/Supply Delivery
021x	Coronary Care Unit	0264	IV Therapy/Supplies
*0210	General Classification	0269	Other IV Therapy
*0211	Myocardial Infarction	027x	Medical/Surgical Supplies and Devices (also see 062x, an extension of 027x)
*0212	Pulmonary Care	0270	General Classification
*0213	Heart Transplant	0271	Non-Sterile Supply
*0214	Intermediate CCU	0272	Sterile Supply
*0219	Other Coronary CCU	0273	Take-Home Supplies
022x	Special Charges	0274	Prosthetic/Orthotic Devices
0220	General Classification	0275	Pacemaker
0221	Admission Charges	0276	Intraocular Lens
0222	Technical Support Charge	0277	Oxygen - Take Home
0223	UR Service Charge		

* Requires the entry of the number of units in Field 46.

Code Sets for the UB-04 Claim Form (cont.)

0278	Other Implant	033x	Radiology – Therapeutic and/or Chemotherapy Administration
0279	Other Supplies/Devices		
028x	Oncology	0330	General Classification
0280	General Classification	0331	Chemotherapy Administration – Injected
0289	Other Oncology	0332	Chemotherapy Administration – Oral
029x	Durable Medical Equipment (Other Than Renal)	0333	Radiation Therapy
0290	General Classification	0335	Chemotherapy Administration – IV
0291	Rental	0339	Other Radiology – Therapeutic
0292	Purchase of New DME	034x	Nuclear Medicine
0293	Purchase of Used DME	0340	General Classification
0299	Other Equipment	0341	Diagnostic
030x	Laboratory	0342	Therapeutic
0300	General Classification	0343	Diagnostic Radiopharmaceuticals
0301	Chemistry	0349	Other
0302	Immunology	035x	CT Scan
0303	Renal Patient (Home)	*0350	General Classification
0304	Non-Routine Dialysis	*0351	CT – Head Scan
0305	Hematology	*0352	CT – Body Scan
0306	Bacteriology and Microbiology	*0359	CT – Other
0307	Urology	036x	Operating Room Services
0309	Other Laboratory	0360	General Classification
031x	Laboratory Pathology	0361	Minor Surgery
0310	General Classification	0362	Organ Transplant – Other Than Kidney
0311	Cytology	0367	Kidney Transplant
0312	Histology	0369	Other OR Services
0314	Biopsy	037x	Anesthesia
0319	Other Laboratory Pathology	0370	General Classification
032x	Radiology – Diagnostic	0371	Incident to Radiology
0320	General Classification	0374	Acupuncture
0321	Angiocardiology	0379	Other Anesthesia
0322	Arthrography	038x	Blood and Blood Components
0323	Arteriography	0380	General Classification
0324	Chest X ray	0381	Packed Red Cells
0329	Other Radiology – Diagnostic	0383	Plasma
		0384	Platelets

* Requires the entry of the number of units in Field 46.

Code Sets for the UB-04 Claim Form (cont.)

0385	Leukocytes	044x	SpeechTherapy – Language Pathology
0386	Other Blood Components		
0387	Other Derivatives (Cypoprecipitate)		
0389	Other Blood and Blood Components	*0440	General Classification
		*0441	Visit
		*0442	Hourly
039x	Blood Storage and Processing	*0443	Group
		*0444	Evaluation or Reevaluation
0390	General Classification	*0449	Other Speech Therapy
0391	Blood Administration (e.g., Transfusion)		
0399	Other Blood Handling	045x	Emergency Room
040x	Other Imaging Services	*0450	General Classification
		*0456	Urgent Care
		*0459	Other Emergency Room
0400	General Classification		
0401	Diagnostic Mammography	046x	Pulmonary Function
0402	Ultrasound		
0403	Screening Mammography	0460	General Classification
0404	Positron Emission Tomography	0469	Other Pulmonary
0409	Other Imaging Services		
041x	Respiratory Services	047x	Audiology
*0410	General Classification	0470	General Classification
*0412	Inhalation Services	0471	Diagnostic
*0413	Hyperbaric Oxygen Therapy	0472	Treatment
*0419	Other Respiratory Services	0479	Other Audiology
042x	Physical Therapy	048x	Cardiology
*0420	General Classification	0480	General Classification
*0421	Visit	0481	Cardiac Cath Lab
*0422	Hourly	0482	Stress Test
*0423	Group	0489	Other Cardiology
*0424	Evaluation or Reevaluation		
*0429	Other Physical Therapy	049x	Ambulatory Surgical Care
043x	Occupational Therapy	0490	General Classification
		0499	Other Ambulatory Surgical Care
*0430	General Classification		
*0431	Visit	050x	Outpatient Services
*0432	Hourly		
*0433	Group	0500	General Classification
*0434	Evaluation or Reevaluation	0509	Other Outpatient
*0439	Other Occupational Therapy		

* Requires the entry of the number of units in Field 46.

Code Sets for the UB-04 Claim Form (cont.)
051x Clinic

- *0510 General Classification
- *0511 Chronic Pain Center
- *0512 Dental Clinic
- *0515 Pediatric Clinic
- *0519 Other Clinic

053x Osteopathic Services

- *0530 General Classification
- *0531 Osteopathic Therapy
- *0539 Other Osteopathic Services

061x Magnetic Resonance Technology (MRT)

- 0610 General Classification
- 0611 MRI – Brain/Brainstem
- 0612 MRI – Spinal Cord/Spine
- 0619 MRT–Other

062x Medical/Surgical Supplies – Extension of 027x

- 0621 Supplies Incident to Radiology

070x Cast Room

- 0700 General Classification

071x Recovery Room

- 0710 General Classification

072x Labor Room/Delivery

- 0720 General Classification
- 0721 Labor
- 0722 Delivery Room
- 0723 Circumcision
- 0724 Birthing Center
- 0729 Other Labor Room/Delivery

073x EKG/EGG (Electrocardiogram)

- 0730 General Classification
- 0731 Holter Monitor
- 0732 Telemetry
- 0739 Other EKG/ECG

074x EEG (Electroencephalogram)

- 0740 General Classification

075x Gastro-Intestinal (GI) Services

- 0750 General Classification

076x Specialty Room – Treatment/Observation Room

- 0761 Treatment Room
- 0762 Observation Room
- 0769 Other Specialty Rooms

079x Extra-Corporeal Shock Wave Therapy (formerly Lithotripsy)

- 0790 General Classification

080x Inpatient Renal Dialysis

- 0800 General Classification
- *0801 Inpatient Hemodialysis
- *0802 Inpatient Peritoneal Dialysis (Non-CAPD)
- *0803 Inpatient Continuous Ambulatory Peritoneal Dialysis (CAPD)
- *0804 Inpatient Continuous Cycling Peritoneal Dialysis (CCPD)
- 0809 Other Inpatient Dialysis

081x Acquisition of Body Components

- 0810 General Classification
- 0811 Living Donor
- 0812 Cadaver Donor
- 0813 Unknown Donor
- 0814 Unsuccessful Organ Search – Donor Bank Charges
- 0819 Other Donor

* Requires the entry of the number of units in Field 46.

Code Sets for the UB-04 Claim Form (cont.)

088x	Miscellaneous Dialysis	0918	Testing
0880	General Classification	0919	Other Behavioral Health Treatments
0881	Ultrafiltration		
0882	Home Dialysis Aid Visit	092x	Other Diagnostic Services
0889	Other Miscellaneous Dialysis	*0920	General Classification
090x	Behavioral Health Treatment/ Services	0921	Peripheral Vascular Lab
0900	General Classification	0922	Electromyogram
0901	Electroshock Treatment	0923	Pap Smear
0902	Milieu Therapy	0924	Allergy Test
0903	Play Therapy	0925	Pregnancy Test
		*0929	Other Diagnostic Service
091x	Behavioral Health Treatments/ Services – Extension of 090x	094x	Other Therapeutic Services (also see 095x, an extension of 094x)
0911	Rehabilitation	*0940	General Classification
0912	Partial Hospitalization – Less Intensive	*0941	Recreational Therapy
0913	Partial Hospitalization – Intensive	0942	Education/Training
0914	Individual Therapy	0943	Cardiac Rehabilitation
0915	Group Therapy	0946	Complex Medical Equipment – Routine
0916	Family Therapy	0947	Complex Medical Equipment – Ancillary
0917	Biofeedback	0948	Pulmonary Rehabilitation
		0949	Other Therapeutic Service

Revenue Codes for Acute Outpatient Hospitals

0001	Total Charge	027x	Medical/Surgical Supplies and Devices (also see 062x, an extension of 027x)
025x	Pharmacy (also see 063x, an extension of 025x)	0270	General Classification
0250	General Classification	0271	Non-Sterile Supply
0251	Generic Drugs	0272	Sterile Supply
0252	Non-Generic Drugs	0273	Take-Home Supplies
0253	Take-Home Drugs	0274	Prosthetic/Orthotic Devices
0254	Drugs Incident to Other Diagnostic Services	0275	Pacemaker
0255	Drugs Incident to Radiology	0276	Intraocular Lens
0257	Non-Prescription	0278	Other Implant
0258	IV Solutions	028x	Oncology
026x	IV Therapy	0280	General Classification
0260	General Classification		

* Requires the entry of the number of units in Field 46.

Code Sets for the UB-04 Claim Form (cont.)

029x Durable Medical Equipment (Other Than Renal)

0290 General Classification
0291 Rental
0292 Purchase of New DME
0293 Purchase of Used DME

030x Laboratory

0300 General Classification
0301 Chemistry
0302 Immunology
0304 Non-Routine Dialysis
0305 Hematology
0306 Bacteriology and Microbiology
0307 Urology
0309 Other Laboratory

031x Laboratory Pathology

0310 General Classification
0311 Cytology
0312 Histology
0314 Biopsy
0319 Other Laboratory/Pathology

032x Radiology – Diagnostic

0320 General Classification
0321 Angiocardiology
0322 Arthrography
0323 Arteriography
0324 Chest X Ray
0329 Other Radiology – Diagnostic

033x Radiology and/or Chemotherapy Administration

0330 General Classification
0331 Chemotherapy Administration –
Injected
0332 Chemotherapy Administration –
Oral
0333 Radiation Therapy
0335 Chemotherapy Administration – IV

034x Nuclear Medicine

0340 General Classification
0341 Diagnostic
0342 Therapeutic
0343 Diagnostic Radiopharmaceuticals
0349 Other Nuclear Medicine

035x CT Scan

*0350 General Classification
*0351 CT – Head Scan
*0352 CT – Body Scan
*0359 CT – Other

036x Operating Room Services

0360 General Classification
0361 Minor Surgery

037x Anesthesia

0370 General Classification
0371 Anesthesia Incident to Radiology
0372 Anesthesia Incident to Other DX
Services

038x Blood and Blood Components

0381 Packed Red Cells
0383 Plasma
0384 Platelets
0385 Leukocytes
0386 Other Blood Components
0387 Other Derivatives (Cypoprecipitate)

039x Administration, Processing, and Storage for Blood and Blood Components

0390 General Classification
0391 Administration (e.g., Transfusion)

040x Other Imaging Services

0400 General Classification
0401 Diagnostic Mammography
0402 Ultrasound
0403 Screening Mammography
0404 Positron Emission Tomography

Code Sets for the UB-04 Claim Form (cont.)

041x Respiratory Services

- *0410 General Classification
- *0412 Inhalation Services
- *0413 Hyperbaric Oxygen Therapy
- *0419 Other Respiratory Services

042x Physical Therapy

- *0420 General Classification
- *0421 Visit
- *0423 Group
- *0424 Evaluation or Reevaluation

043x Occupational Therapy

- *0430 General Classification
- *0431 Visit
- *0433 Group
- *0434 Evaluation or Reevaluation

044x Speech Therapy – Language Pathology

- *0440 General Classification
- *0441 Visit
- *0443 Group
- *0444 Evaluation or Reevaluation

045x Emergency Room

- *0450 General Classification
- *0456 Urgent Care
- *0459 Other Emergency Room

046x Pulmonary Function

- 0460 General Classification
- 0469 Other Pulmonary

047x Audiology

- 0470 General Classification
- 0471 Diagnostic
- 0472 Treatment
- 0479 Other Audiology

048x Cardiology

- 0480 General Classification
- 0481 Cardiac Cath Lab
- 0482 Stress Test
- 0483 Echocardiology
- 0489 Other Cardiology

049x Ambulatory Surgical Care

- 0490 General Classification
- 0499 Other Ambulatory Surgical Care

051x Clinic

- *0510 General Classification
- *0515 Pediatric Clinic
- *0519 Other Clinic

053x Osteopathic Services

- *0530 General Classification

061x Magnetic Resonance Technology (MRT)

- 0610 General Classification
- 0611 MRI – Brain/Brainstem
- 0612 MRI – Spinal Cord/Spine

062x Medical Surgical Supplies – Extension of 027x

- 0621 Supplies Incident to Radiology
- 0622 Supplies Incident to Other DX Services

063x Pharmacy – Extension of 025x

- 0634 Erythropoietin (EPO) <10,000 Units
- 0635 EPO ≥ 10,000 Units
- 0636 Drugs Requiring Detailed Coding

070x Cast Room

- 0700 General Classification

Code Sets for the UB-04 Claim Form (cont.)

071x Recovery Room	084x Continuous Ambulatory Peritoneal Dialysis (CAPD) – Outpatient or Home
0710 General Classification	
072x Labor Room/Delivery	0840 General Classification
0720 General Classification	0841 CAPD/ Composite or Other Rate
0721 Labor	085x Continuous Cycling Peritoneal Dialysis (CCPD) – Outpatient or Home
0722 Delivery Room	
073x EKG/EGG (Electrocardiogram)	0850 General Classification
0730 General Classification	0851 CCPD/Composite or Other Rate
0731 Holter Monitor	090x Behavioral Health Treatment/ Services (also see 091x, an extension of 090x)
0732 Telemetry	
074x EEG (Electroencephalogram)	0900 General Classification
0740 General Classification	0901 Electroshock Treatment
075x Gastro-Intestinal (GI) Services	091x Behavioral Health Treatments/ Services – Extension of 090x
0750 General Classification	
076x Specialty Room – Treatment/ Observation Room	0914 Individual Therapy
	0918 Testing
0761 Treatment Room	092x Other Diagnostic Services
0762 Observation Room	
077x Preventive Care Services	*0920 General Classification
	0921 Peripheral Vascular Lab
0771 General Classification	0922 Electromyogram
082x Hemodialysis – Outpatient or Home	0923 Pap Smear
	0924 Allergy Test
0820 General Classification	0925 Pregnancy Test
0821 Hemodialysis /Composite or Other Rate	*0929 Other Diagnostic Service
083x Peritoneal Dialysis – Outpatient or Home	094x Other Therapeutic Services (also see 095x, an extension of 094x)
0830 General Classification	*0940 General Classification
0831 Peritoneal /Composite or Other Rate	0942 Education/Training
	0943 Cardiac Rehabilitation
	0944 Drug Rehabilitation
	0945 Alcohol Rehabilitation

Code Sets for the UB-04 Claim Form (cont.)

Revenue Codes for Chronic Disease and Rehabilitation Inpatient Hospitals

0001	Total Charge	022x	Special Charges
011x	Room and Board – Private (One Bed)	0221	Admission Charges
		0223	UR Service Charge
		0224	Late Discharge, Medically Necessary
*0110	General Classification	0229	Other Special Charges
*0111	Medical/Surgical/GYN		
*0113	Pediatric	025x	Pharmacy (also see 063x, an extension of 025x)
*0117	Oncology		
*0118	Rehabilitation		
*0119	Other		
012x	Room and Board – Semi-private (Two Beds)	0251	Generic Drugs
		0252	Non-Generic Drugs
		0253	Take-Home Drugs
		0254	Drugs Incident to Other Diagnostic Services
*0120	General Classification	0255	Drugs Incident to Radiology
*0121	Medical/Surgical/GYN	0257	Non-Prescription
*0123	Pediatric	0258	IV Solutions
*0127	Oncology	0259	Other Pharmacy
*0128	Rehabilitation		
*0129	Other		
013x	Room and Board – Three and Four Beds	026x	IV Therapy
		0260	General Classification
		0261	Infusion Pump
*0130	General Classification	0262	IV Therapy/Pharmacy Svcs
*0131	Medical/Surgical/GYN	0263	IV Therapy/Drug/Supply Delivery
*0133	Pediatric	0264	IV Therapy/Supplies
*0137	Oncology	0269	Other IV Therapy
*0138	Rehabilitation		
*0139	Other		
015x	Room and Board – Ward	027x	Medical/Surgical Supplies and Devices (also see 062x, an extension of 027x)
*0150	General Classification	0270	General Classification
*0151	Medical/Surgical/GYN	0271	Non-Sterile Supply
*0153	Pediatric	0272	Sterile Supply
*0158	Rehabilitation	0273	Take-Home Supplies
*0159	Other	0274	Prosthetic/Orthotic Devices
		0277	Oxygen - Take Home
016x	Other Room and Board – Other	0279	Other Supplies/Devices
*0160	General Classification	028x	Oncology
*0167	Self Care		
*0169	Other	0280	General Classification
		0289	Other Oncology

* Requires the entry of the number of units in Field 46.

Code Sets for the UB-04 Claim Form (cont.)
**029x Durable Medical Equipment
(Other Than Renal)**

0290 General Classification
0291 Rental
0292 Purchase of New DME
0293 Purchase of Used DME
0299 Other Equipment

030x Laboratory

0300 General Classification
0301 Chemistry
0302 Immunology
0303 Renal Patient (Home)
0304 Non-Routine Dialysis
0305 Hematology
0306 Bacteriology and Microbiology
0307 Urology
0309 Other Laboratory

031x Laboratory Pathology

0310 General Classification
0311 Cytology
0312 Histology
0314 Biopsy
0319 Other Laboratory Pathology

032x Radiology – Diagnostic

0320 General Classification
0321 Angiocardiography
0322 Arthrography
0323 Arteriography
0324 Chest X ray
0329 Other Radiology – Diagnostic

**033x Radiology – Therapeutic and/or
Chemotherapy Administration**

0330 General Classification
0331 Chemotherapy Administration –
Injected
0332 Chemotherapy Administration –
Oral
0333 Radiation Therapy
0335 Chemotherapy Administration – IV
0339 Other Radiology – Therapeutic

034x Nuclear Medicine

0340 General Classification
0341 Diagnostic
0342 Therapeutic
0349 Other

035x CT Scan

*0350 General Classification
*0351 CT – Head Scan
*0352 CT – Body Scan
*0359 CT – Other

036x Operating Room Services

0360 General Classification
0361 Minor Surgery
0369 Other OR Services

037x Anesthesia

0370 General Classification
0371 Incident to Radiology
0374 Acupuncture
0379 Other Anesthesia

038x Blood and Blood Components

0380 General Classification
0381 Packed Red Cells
0383 Plasma
0384 Platelets
0385 Leukocytes
0386 Other Blood Components
0387 Other Derivatives (Cypoprecipitate)
0389 Other Blood and Blood
Components

039x Blood Storage and Processing

0390 General Classification
0391 Blood Administration (e.g.,
Transfusion)
0399 Other Blood Handling

* Requires the entry of the number of units in Field 46.

Code Sets for the UB-04 Claim Form (cont.)
040x Other Imaging Services

0400 General Classification
 0401 Diagnostic Mammography
 0402 Ultrasound
 0403 Screening Mammography
 0404 Positron Emission Tomography
 0409 Other Imaging Services

041x Respiratory Services

*0410 General Classification
 *0412 Inhalation Services
 *0413 Hyperbaric Oxygen Therapy
 *0419 Other Respiratory Services

042x Physical Therapy

*0420 General Classification
 *0421 Visit
 *0422 Hourly
 *0423 Group
 *0424 Evaluation or Reevaluation
 *0429 Other Physical Therapy

043x Occupational Therapy

*0430 General Classification
 *0431 Visit
 *0432 Hourly
 *0433 Group
 *0434 Evaluation or Reevaluation
 *0439 Other Occupational Therapy

044x Speech Therapy – Language Pathology

*0440 General Classification
 *0441 Visit
 *0442 Hourly
 *0443 Group
 *0444 Evaluation or Reevaluation
 *0449 Other Speech Therapy

046x Pulmonary Function

0460 General Classification
 0469 Other Pulmonary

047x Audiology

0470 General Classification
 0471 Diagnostic
 0472 Treatment
 0479 Other Audiology

048x Cardiology

0480 General Classification
 0481 Cardiac Cath Lab
 0482 Stress Test
 0483 Cardiology
 0489 Other Cardiology

049x Ambulatory Surgical Care

0490 General Classification
 0499 Other Ambulatory Surgical Care

053x Osteopathic Services

*0530 General Classification
 *0531 Osteopathic Therapy
 *0539 Other Osteopathic Services

061x Magnetic Resonance Technology (MRT)

0610 General Classification
 0611 MRI – Brain/Brainstem
 0612 MRI – Spinal Cord/Spine
 0619 MRT– Other

062x Medical/Surgical Supplies – Extension of 027x

0621 Supplies Incident to Radiology
 0622 Supplies Incident to Other DX Services

070x Cast Room

0700 General Classification

071x Recovery Room

0710 General Classification

* Requires the entry of the number of units in Field 46.

Code Sets for the UB-04 Claim Form (cont.)

073x EKG/EGG (Electrocardiogram)	0922 Electromyelogram
0730 General Classification	0923 Pap Smear
0731 Holter Monitor	0924 Allergy Test
0732 Telemetry	*0929 Other Diagnostic Service
0739 Other EKG/ECG	
074x EEG (Electroencephalogram)	094x Other Therapeutic Services (also see 095x, an extension of 094x)
0740 General Classification	*0941 Recreational Therapy
	0942 Education/Training
075x Gastro-Intestinal (GI) Services	0943 Cardiac Rehabilitation
0750 General Classification	0946 Complex Medical Equipment – Routine
	0947 Complex Medical Equipment – Ancillary
080x Inpatient Renal Dialysis	0948 Pulmonary Rehabilitation
0800 General Classification	0949 Other Therapeutic Service
*0801 Inpatient Hemodialysis	096x Professional Fees (also see 097x and 098x)
*0802 Inpatient Peritoneal Dialysis (Non-CAPD)	
*0803 Inpatient Continuous Ambulatory Peritoneal Dialysis (CAPD)	0960 General Classification
*0804 Inpatient Continuous Cycling Peritoneal Dialysis (CCPD)	0961 Psychiatric
0809 Other Inpatient Dialysis	0962 Ophthalmology
	0963 Anesthesiologist (MD)
088x Miscellaneous Dialysis	0969 Other Professional Fees
0880 General Classification	097x Professional Fees (Extension of 096x)
0881 Ultrafiltration	0971 Laboratory
0889 Other Miscellaneous Dialysis	0972 Radiology – Diagnostic
091x Behavioral Health Treatments/ Services – Extension of 090x	0973 Radiology – Therapeutic
0911 Rehabilitation	0974 Radiology – Nuclear Med.
0914 Individual Therapy	0975 Operating Room
0915 Group Therapy	0976 Respiratory Therapy
0916 Family Therapy	0977 Physical Therapy
0917 Biofeedback	0978 Occupational Therapy
0918 Testing	0979 Speech Pathology
0919 Other Behavioral Health Treatments	098x Professional Fees (Extension of 096x and 097x)
092x Other Diagnostic Services	
*0920 General Classification	0985 EKG
0921 Peripheral Vascular Lab	0986 EEG
	0987 Hospital Visit
	0988 Consultation

* Requires the entry of the number of units in Field 46.

Code Sets for the UB-04 Claim Form (cont.)

Revenue Codes for Chronic Disease and Rehabilitation Outpatient Hospitals

0001	Total Charge	0306	Bacteriology and Microbiology
025x	Pharmacy (also see 063x, an extension of 025x)	0307	Urology
0250	General Classification	0309	Other Laboratory
0251	Generic Drugs	031x	Laboratory Pathology
0252	Non-Generic Drugs	0310	General Classification
0253	Take-Home Drugs	0311	Cytology
0254	Drugs Incident to Other Diagnostic Services	0312	Histology
0255	Drugs Incident to Radiology	0314	Biopsy
0257	Non-Prescription	0319	Other Laboratory/Pathology
0258	IV Solutions	032x	Radiology – Diagnostic
0259	Other Pharmacy	0320	General Classification
026x	IV Therapy	0321	Angiocardiology
0260	General Classification	0322	Arthrography
027x	Medical/Surgical Supplies and Devices (also see 062x, an extension of 027x)	0323	Arteriography
0270	General Classification	0324	Chest X Ray
0271	Non-Sterile Supply	0329	Other Radiology – Diagnostic
0272	Sterile Supply	033x	Radiology and/or Chemotherapy Administration
0273	Take-Home Supplies	0330	General Classification
0274	Prosthetic/Orthotic Devices	0331	Chemotherapy Administration – Injected
0275	Pacemaker	0332	Chemotherapy Administration – Oral
0276	Intraocular Lens	0333	Radiation Therapy
029x	Durable Medical Equipment (Other Than Renal)	0335	Chemotherapy Administration – IV
0290	General Classification	034x	Nuclear Medicine
0291	Rental	0340	General Classification
0292	Purchase of New DME	0341	Diagnostic
0293	Purchase of Used DME	0342	Therapeutic
030x	Laboratory	0343	Diagnostic Radiopharmaceuticals
0300	General Classification	0349	Other Nuclear Medicine
0301	Chemistry	035x	CT Scan
0302	Immunology	*0350	General Classification
0304	Non-Routine Dialysis	*0351	CT – Head Scan
0305	Hematology	*0352	CT – Body Scan
		*0359	CT – Other

* Requires the entry of the number of units in Field 46.

Code Sets for the UB-04 Claim Form (cont.)

036x Operating Room Services	043x Occupational Therapy
0360 General Classification	*0430 General Classification
0361 Minor Surgery	*0431 Visit
	*0433 Group
037x Anesthesia	*0434 Evaluation or Reevaluation
0370 General Classification	*0439 Other Occupational Therapy
0371 Anesthesia Incident to Radiology	
0379 Other Anesthesia	044x Speech Therapy – Language Pathology
038x Blood and Blood Components	*0440 General Classification
0381 Packed Red Cells	*0441 Visit
0383 Plasma	*0443 Group
0384 Platelets	*0444 Evaluation or Reevaluation
0385 Leukocytes	*0449 Other Speech Therapy
0386 Other Blood Components	
0387 Other Derivatives (Cypoprecipitate)	046x Pulmonary Function
	0460 General Classification
039x Administration, Processing, and Storage for Blood and Blood Components	0469 Other Pulmonary
0390 General Classification	
0391 Administration (e.g., Transfusion)	047x Audiology
	0470 General Classification
040x Other Imaging Services	0471 Diagnostic
0400 General Classification	0472 Treatment
0401 Diagnostic Mammography	0479 Other Audiology
0402 Ultrasound	
0403 Screening Mammography	048x Cardiology
0404 Positron Emission Tomography	0480 General Classification
	0481 Cardiac Cath Lab
041x Respiratory Services	0482 Stress Test
*0410 General Classification	0483 Echocardiology
*0412 Inhalation Services	0489 Other cardiology
*0413 Hyperbaric Oxygen Therapy	
*0419 Other Respiratory Services	049x Ambulatory Surgical Care
	0490 General Classification
042x Physical Therapy	0499 Other Ambulatory Surgical Care
*0420 General Classification	
*0421 Visit	051x Clinic
*0423 Group	*0510 General Classification
*0424 Evaluation or Reevaluation	*0515 Pediatric Clinic
*0429 Other Physical Therapy	*0519 Other Clinic

Code Sets for the UB-04 Claim Form (cont.)

053x Osteopathic Services

*0530 General Classification

*0531 Osteopathic Therapy

061x Magnetic Resonance Technology (MRT)

0610 General Classification

0611 MRI – Brain/Brainstem

0612 MRI – Spinal Cord/Spine

062x Medical Surgical Supplies – Extension of 027x

0621 Supplies Incident to Radiology

0622 Supplies Incident to Other DX Services

063x Pharmacy – Extension of 025x

0634 Erythropoietin (EPO) <10,000 Units

0635 EPO ≥ 10,000 Units

0636 Drugs Requiring Detailed Coding

070x Cast Room

0700 General Classification

071x Recovery Room

0710 General Classification

073x EKG/EGG (Electrocardiogram)

0730 General Classification

0731 Holter Monitor

0732 Telemetry

074x EEG (Electroencephalogram)

0740 General Classification

075x Gastro-Intestinal (GI) Services

0750 General Classification

082x Hemodialysis – Outpatient or Home

0820 General Classification

0821 Hemodialysis /Composite or Other Rate

083x Peritoneal Dialysis – Outpatient or Home

0830 General Classification

0831 Peritoneal /Composite or Other Rate

084x Continuous Ambulatory Peritoneal Dialysis (CAPD) – Outpatient or Home

0840 General Classification

0841 CAPD/ Composite or Other Rate

085x Continuous Cycling Peritoneal Dialysis (CCPD) – Outpatient or Home

0850 General Classification

0851 CCPD/Composite or Other Rate

090x Behavioral Health Treatment/Services (also see 091x, an extension of 090x)

0900 General Classification

0901 Electroshock Treatment

091x Behavioral Health Treatments/ Services – Extension of 090x

0911 Rehabilitation

0914 Individual Therapy

0915 Group Therapy

0916 Family Therapy

0918 Testing

0919 Other Behavioral Health Treatments

Code Sets for the UB-04 Claim Form (cont.)

092x Other Diagnostic Services	097x Professional Fees
*0920 General Classification	0971 Laboratory
0921 Peripheral Vascular Lab	0972 Radiology–Diagnostic
0922 Electromyogram	0974 Radiology–Nuclear
0923 Pap Smear	0975 Operating room
0924 Allergy Test	
0925 Pregnancy Test	098x Professional Fees
*0929 Other Diagnostic Service	0982 Outpatient services
	0983 Clinic
094x Other Therapeutic Services (also see 095x, an extension of 094x)	0985 EKG
*0940 General Classification	0986 EEG
0942 Education/Training	0987 Hospital Visit
0943 Cardiac Rehabilitation	0988 Consultation
0944 Drug Rehabilitation	
0945 Alcohol Rehabilitation	
0949 Other Therapeutic Service	
096x Professional Fees	
0960 General Classification	
0961 Psychiatric	
0962 Ophthalmology	
0963 Anesthesiologist (MD)	
 <i>Revenue Codes for Community Health Centers (for Home Health Services Only)</i>	
0001 Total Charge	055x Home Health (HH) – Skilled Nursing
042x Physical Therapy	0551 Visit
*0421 Visit	057x Home Health (HH) Aide
043x Occupational Therapy	0570 General Classification
*0431 Visit	
044x Speech Therapy – Language Pathology	
*0441 Visit	



Code Sets for the UB-04 Claim Form (cont.)

Revenue Codes for Home Health Agencies

0001	Total Charge	055x	Home Health (HH) – Skilled Nursing
042x	Physical Therapy	0551	Visit
*0421	Visit	057x	Home Health (HH) Aide
043x	Occupational Therapy	0570	General Classification
*0431	Visit		
044x	Speech Therapy – Language Pathology		
*0441	Visit		

Revenue Codes for Hospice Providers

0001	Total Charge
065x	Hospice Service
0651	Routine Home Care
0652	Continuous Home Care
0655	Inpatient Respite Care
0656	General Inpatient Care Non-Respite
0658	Hospice Room and Board – Nursing Facility

Revenue Codes for Nursing Facilities

0001	Total Charge
010x	All-Inclusive Rate
*0100	All-inclusive room and board plus ancillary
018x	Leave of Absence
0183	Therapeutic Leave (Total of non-medical leave of absence days)
0185	Nursing Home (for Hospitalization) (Total of medical-leave-of-absence days)

* Requires the entry of the number of units in Field 46.

Code Sets for the UB-04 Claim Form (cont.)

Revenue Codes for Psychiatric Inpatient Hospitals

0001 Total Charge

012x Room and Board – Semi-private (Two Beds)

*0120 General Classification

*0124 Psychiatric

*0126 Detoxification

Revenue Codes for Psychiatric Outpatient Hospitals

0001 Total Charge

091x Behavioral Health Treatment/ Services – Extension of 090x

090x Behavioral Health Treatment/ Services (also see 091x, an extension of 090x)

0911 Rehabilitation

0912 Partial Hospitalization – Less Intensive

0913 Partial Hospitalization – Intensive

0914 Individual Therapy

0915 Group Therapy

0916 Family Therapy

0917 Biofeedback

0918 Testing

0919 Other Behavioral Health Treatments

0900 General Classification

0901 Electroshock Treatment

0902 Milieu Therapy

0903 Play Therapy

0904 Activity Therapy

0905 Intensive Outpatient Services – Psychiatric

0906 Intensive Outpatient Services – Chemical Dependency

0907 Community Behavioral Health Program (Day Treatment)

Revenue Codes for Substance Abuse Inpatient Hospitals

0001 Total Charge

012x Room and Board – Semi-private (Two Beds)

*0120 General Classification

*0124 Psychiatric

*0126 Detoxification

* Requires the entry of the number of units in Field 46.

Code Sets for the UB-04 Claim Form (cont.)

Revenue Codes for Substance Abuse Outpatient Hospitals

0001 Total Charge

**090x Behavioral Health Treatment/
Services (also see 091x, an
extension of 090x)**

0900 General Classification

0901 Electroshock Treatment

0902 Milieu Therapy

0903 Play Therapy

0904 Activity Therapy

0905 Intensive Outpatient Services –
Psychiatric

0906 Intensive Outpatient Services –
Chemical Dependency

0907 Community Behavioral Health
Program (Day Treatment)

**091x Behavioral Health Treatment/
Services – Extension of 090x**

0911 Rehabilitation

0912 Partial Hospitalization – Less
Intensive

0913 Partial Hospitalization – Intensive

0914 Individual Therapy

0915 Group Therapy

0916 Family Therapy

0917 Biofeedback

0918 Testing

0919 Other Behavioral Health
Treatments

094x Other Therapeutic Services

0944 Drug Rehabilitation

0945 Alcohol Rehabilitation

* Requires the entry of the number of units in Field 46.